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ACNE CONGLOBATA TREATED WITH AUREOMYCIN*

— *A Case Report* —

BENCEL L. SCHIFF, M.D. and ARTHUR B. KERN, M.D.

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ACNE CONGLOBATA, according to Ormsby and Montgomery,[1] was first described by Reitman in 1908. Since that time there have been periodic reports concerning it, particularly in the foreign literature. These have dealt primarily with clinical and histopathologic descriptions, experimental studies and consideration of its relation to the other pyodermas and to tuberculosis. Therapy, long recognized as a most difficult problem in this disease, has only recently received the attention deserved. Accordingly, our experience with aureomycin in the treatment of a patient with severe acne conglobata seems worthy of report.

Acne conglobata has been excellently described by Michelson and Allen[2] as "a chronic inflammatory disease of the skin which is characterized by the presence of the constituents of acne vulgaris, such as comedones, papules and pustules, and in addition large elevated fluctuating plaques which are dusky blue and frequently form cutaneous or subcutaneous abscesses and oil cysts, which may perforate and form discharging sinuses, healing very slowly and often forming keloidal or so-called bridge scars (Bruckennarben) of Lang." The disease may occur on any part of the body, but the lower part of the back, buttocks and thighs generally show the greatest involvement. It usually starts after puberty, in contrast to ordinary acne, and is found almost exclusively in males. In all cases, culture from a closed abscess has yielded growth of staphylococci. Inoculation studies by Michelson and Allen led them to conclude that the responsible organism was not a specific one in the true sense of the term, but that it was specific when implanted in the proper soil. The investigations of Belote[3] suggested that a constitutional predisposition of the patient was the most important factor.

Therapy, in the past, has generally been unsatisfactory. It has consisted of attempts to improve the general condition of the patient, chemical cauterization, x-ray, surgery, sulphur baths, gold injections, bacteriophage and vaccines. Ostwald[4] suggested the use of vitamin C on the basis of Nicolau's observation that patients during World War I with an acne conglobata-like eruption improved on an antiscorbutic diet. In 1943 Sutton and Marks[5] reported a case treated by a low fat diet and thyroid extract which was cured in seven weeks. Following the introduction of sulfonamides, these were employed both locally and systemically. Penicillin has also been employed, but results have been unsatisfactory. Recently, Andrews[6] has used aureomycin and terramycin in the treatment of cystic acne with encouraging results. Michelson,[7] on a number of occasions, has stated that there is a distinct relationship between acne conglobata and hidradenitis suppurativa. Wright and co-workers[8] have recently reported favorable results with aureomycin in the treatment of two cases of hidradenitis suppurativa.

Report of Case

E. E., a 45-year old white male, was first seen by one of us (B.L.S.) in September of 1949. He stated that at about the age of 18 years lesions first appeared on the face and on the posterior aspect of the neck with subsequent involvement of the axillae and scrotum. At about the age of 20, the buttocks, groins and thighs became the sites of lesions, and it was the involvement of these areas which caused most of his difficulty in the following years. He has had numerous hospitalizations for this illness

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during which his general medical condition has been thoroughly investigated. Several biopsies have shown a histopathological picture consistent with the diagnosis of acne conglobata. Numerous tuberculin tests have been negative. Basal metabolism rate was minus 16. His therapy has consisted of transfusions, incision and drainage, x-ray treatment, vaccines, cobra venom, penicillin intramuscularly, sulfonamides by mouth, extract of thyroid orally up to three grains daily for a period of over six months, and 500 mg. of vitamin C daily for more than four months.

Aside from his periods of hospitalization, he had continued to work until two years before he was first seen by us. Finally, the pain and stiffness about the hips made it impossible for him to continue at his occupation.

When first seen by us he complained of intense pain in both gluteal regions, difficulty in walking, and profuse purulent and bloody discharge. The latter was so severe and accompanied by such a foul odor that it resulted in divorce from his first wife, and threatened to lead his second wife to the same action.

Examination revealed papules, pustules and many comedones on the face, posterior neck, buttocks and thighs. There were numerous thick, keloidal scars over the posterior neck, sacrum, buttocks and thighs (Fig. 1). The scarring over the last-named area was so marked that the patient could move the legs only with difficulty. Multiple deep abscesses with sinuses draining a foul-smelling mixture of pus and blood were present over the gluteal regions and thighs. Both axillae showed a pustular eruption with scarring. The inguinal lymph glands were enlarged.

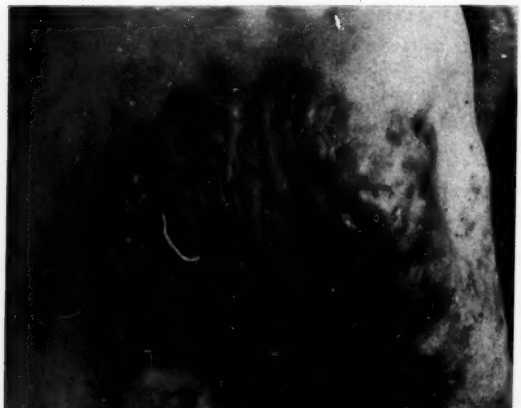

Fig. 1: Photograph taken in September of 1949, showing papules, pustules, comedones, and deep abscesses, with multiple draining sinuses.

Laboratory Studies: Examination of the peripheral blood showed an erythrocyte count of 3,100,000 per cubic millimeter, a white blood cell count of 13,000, with 77 per cent neutrophils, 6 per cent eosinophils, 11 per cent lymphocytes, 5 per cent monocytes, and 1 per cent basophils. The amount of hemoglobin was 10.2 grams per hundred cubic centimeters. The sedimentation rate was 39 mm. in one hour. Hinton and Wasserman tests were negative. Urinalyses were negative. X-ray studies of bones, chest, gastrointestinal tract, gallbladder and intravenous pyelogram revealed no pathological changes. Tuberculin tests in dilution of 1 to 10,000 and 1 to 1,000 produced no reaction. Pus aspirated from a closed abscess of the buttock and cultured, yielded a pure growth of staphylococcus aureus. Bacterial sensitivity tests performed with aureomycin and penicillin showed great sensitivity to aureomycin and to a lesser extent to penicillin. Intra-epidermal inoculation of the patient with the aspirated pus produced an erythematous wheal-like reaction after 30 minutes, but the same test performed on a patient with cystic acne revealed no such reaction. In neither case did an acne conglobata-like lesion develop.

Treatment: Aureomycin therapy was instituted in October of 1949 with an oral dose of 500 mg. four times daily. After five weeks the patient was seen and showed a great deal of improvement. The purulent discharge from the abscesses and the foul odor had diminished, and the pain had lessened. He was again able to ambulate. This treatment was continued in the same dosage during 1949 and 1950. The patient was constantly improving, his appetite increased, and he was gaining weight. In February 1950 the sedimentation rate had fallen to 19 mm. in one hour. At this time his red blood cells had increased to 4,000,000, and the white blood cell count had decreased to 9,000. In July 1950 the dose of aureomycin was cut to one gram daily, and improvement continued. Throughout the period of aureomycin therapy there was a gradual replacement of the abscesses and inflammatory tissues by keloidal scars (Fig. 2). In November 1950 he was presented before the Rhode Island Dermatological Society[9]. The use of a preparation, Kutapressin (a fractionated liver extract), recommended[10] for the treatment of keloids, was advised. The patient was then given one cc. intramuscularly daily for a period of four months; he received no aureomycin during this time. Not only was there no softening of the keloidal tissues, but there was also an increase of inflammation, purulent discharge, and pain. During the next month he received both Kutapressin and aureomycin, the latter in dosage of two grams daily, and improvement was

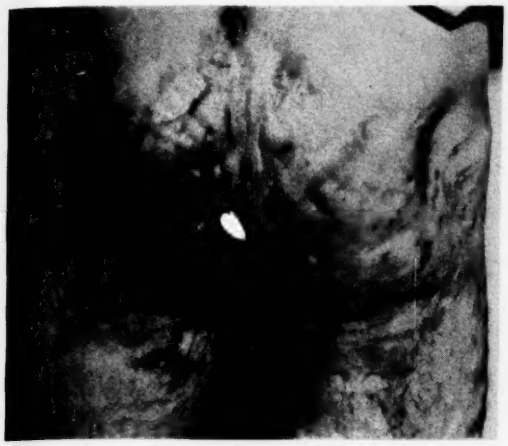

Fig. 2: Photograph taken in November of 1950, showing the replacement of almost all of the inflammatory tissue by kelodial scars.

again noted. It was then decided that since, after a five months' trial of Kutapressin, no softening of the keloidal tissues had been demonstrated, its further use was no longer indicated. The patient, at the present, is on two grams of aureomycin daily. Although there is still some slight inflammation and purulent discharge, the change since the start of aureomycin therapy has been striking.

Comment

An exceptionally severe case of acne conglobata treated with aureomycin is reported. The improvement following the institution of this therapy was dramatic. The patient has been converted from a socially unacceptable, semi-invalid to one who is able to carry on his usual duties.

Although the disease has not been completely cured, the improvement observed in this case leads us to believe that aureomycin should be used early in the treatment of acne conglobata in order to prevent the mutilating and devastating effects which might otherwise be produced.

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OPHTHALMOLOGISTS ELECT

The Rhode Island Society of Ophthalmologists, organized recently, has elected as its officers for the current year the following: H. Frederick Stephens, M.D., president; Raymond F. Hacking, M.D., vice president; E. J. Bernasconi, M.D., secretary-treasurer. The Society plans to meet three times annually.

R. I. SOCIETY OF PATHOLOGISTS

The regular meeting of the Rhode Island Society of Pathologists was held Tuesday evening, January 22nd, at the Rhode Island Hospital. The scientific program consisted of a series of case presentations by residents, largely in the field of obstetrical and gynecological pathology.

Dr. Charles Preacher presented a series of cases of chorionic tumors including hydatidiform mole, chorio-adenoma destruens, and choriocarcinoma.

Dr. Enold Dahlquist presented cases of chorio-angioma of placenta, erythroblastosis as evidenced in the placenta, and placenta accreta.

Dr. Wesley Roberts presented two cases of mesothelium of the uterus, both of which were incidental findings at operation and each occurred with leiomyomata of the uterus.

Additional cases of intra-epithelial adenocarcinoma in secretory endometrium, marked squamous metaplasia of amniotic membrane in an otherwise normal placenta, and a large lipoma of the uterus were presented.

Following general discussion, there was a business meeting followed by adjournment.

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WILLIAM M. CANNON, M.D., *Secretary*

TREATMENT WITH RADIOIODINE

— *Report of Four Cases* —

FREDERIC J. BURNS, M.D., AND FREDERIC C. HICKEY, O.P., PH.D.

The Authors. *Frederic J. Burns, M.D., Physician-in Chief, St. Joseph's Hospital; President, Providence Medical Association. Frederic C. Hickey, O.P., Ph.D., Director of Medical Research, Providence College, Providence, R. I.*

FOUR CASES of patients treated with radioactive iodine are presented.[1] These cases have been chosen in view of their varied results. These four patients have been selected from a group of fifty-six, three of which were carcinomatous.

Case No. 1

This thirty-five year old woman had received extensive courses with iodine and propylthiouracil along with bed rest. The surgeon felt that her improvement was negligible. Her BMR remained at plus 58. Dominating symptoms were of five months duration and consisted of nervousness, gradual weight loss and tremors. The patient was aware of a "swelling in her neck." Her pulse rate was recorded at 110 per minute. Thyroid was enlarged approximately twice normal and this was confined to the right lobe which was nodular. The diagnosis of toxic adenomatous goiter was made and radioactive iodine was advised as the preparatory step for surgery. The patient was given 6.4 millicuries. The physical improvement was but moderate. It was apparent that a second administration was necessary. The patient this time was given 9.9 millicuries. It is interesting to note that the patient felt as though she was aided but little. However, her pulse rate returned to normal, her BMR to a plus 20, and she gained fourteen pounds. Objectively she appeared much improved, and was considered in a good physical state for surgery. This was done and the pathological examination revealed that what was interpreted as an adenoma was actually a Hürthle-cell tumor. The microscopic picture varied greatly with the different parts of the gland. The basic structure consisted of very closely packed, dilated follicles which were lined with large cuboidal and columnar cells composed of an acidophile cytoplasm and darkly stained oval shaped nuclei. This original structure was greatly modified and altered by (a) cystic dilatation of the follicles with flattening of the epithelial lining and reaccumulation of colloid. (b) by widespread focal follicular atrophy and replacement fibrosis. The pathological diagnosis was Hürthle-cell tumor of the thyroid lobe in a state of focal colloid involution, follicular atrophy, and replacement fibrosis. To date, ten months later this patient is asymptomatic. She has regained thirty-five pounds. Her pulse rate averages 76 per minute. Her basal metabolism is normal. She is considered in a state of euthyroid.

Case No. 2

This patient, a forty-one year old mother of ten children presented all the typical findings of hyperthyroidism. Her history dated back three years, during which time she had one course of Lugol's solution. The duration of this treatment was too brief to produce discernible improvement. The metabolism was successively a plus 78 and a plus 82. Her energy was boundless and her appetite reached a phenomenal state. This may be typified by the common occurence of her consuming an entire pie after the dishes were washed following the evening meal. The tremors of the hands were marked. Perspiration was profuse. Pulse rate was usually 120 per minute, and the patient complained of much palpitation. The gland was smooth and estimated at three times normal. Following a tracer dose she was given 9.6 millicuries of iodine 131. However it was evident that this patient was converted to a state of hypothyroidism. This was manifested clinically and by a BMR of a minus 20. She is asymptomatic while taking thyroid at this date, 12 months later.

Case No. 3

This 49 year old woman dated her symptoms back six months when she noticed increasing weakness, weight loss despite an increased appetite, marked nervousness and emotional instability and insomnia. BMR was a plus 50. Her blood pressure 122/70 and her pulse rate was 126 per minute. Her thyroid was symmetrically enlarged 1½ times normal. Following a tracer dose she was given

[1] Aided in part by a grant from the Damon Runyon Memorial Fund.

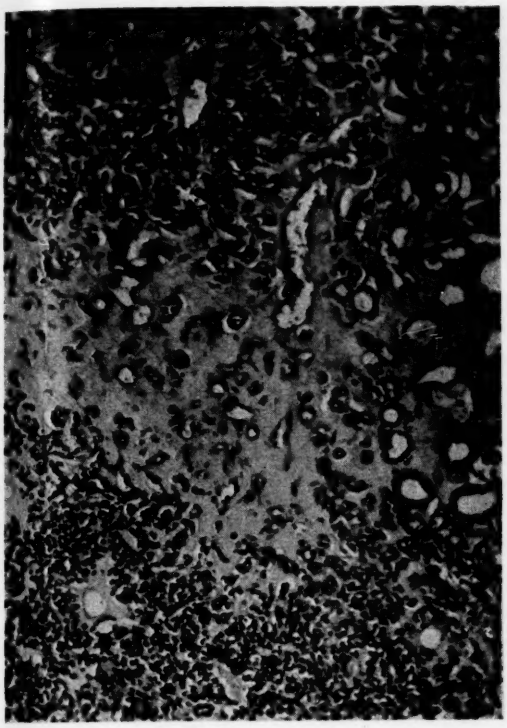

Figure No. 1 Section of Hürthle-cell tumor

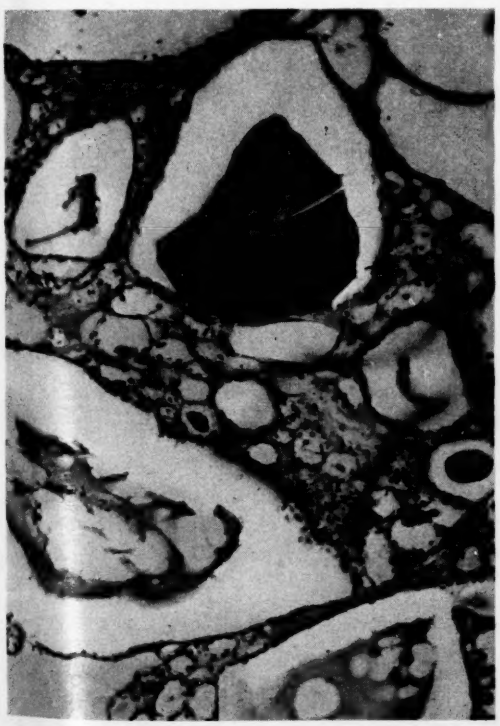

Figure No. 2 Section of gland adjoining the tumor

4.8 millicuries. Eight weeks later it was evident that although this patient was improved, some of her symptoms of hyperthyroidism persisted. A second tracer dose was administered and followed by a corrected therapeutic dose of 6.8 millicuries. Seven months later this patient remained asymptomatic and is considered in a state of euthyroid.

Case No. 4

This thirty-four year old man dated his history back about one year. Predominating symptoms were extreme nervousness and irritability, moderate exophthalmia, weight loss of twenty pounds with excessive appetite, marked tremor, palpitation, occasional headache and a "fullness in the head." For the preceding several months he had noticed that his eyes had become more prominent. His gland was of normal size. The BMR was found at plus 35. Pulse rate was recorded at 120 per minute and blood pressure 180/120 millimeters. Following a tracer dose he was given 3.2 millicuries. At present date, twelve months later, he has regained his weight, lost his marked tremors and nervousness. Other pertinent findings are BMR of zero, pulse rate of 72 per minute and recent blood pressure readings average 160/80 millimeters. There has been no change in the exophthalmia. This man is considered in a state of euthyroid.

There is included here a table showing the tracer uptake, therapeutic dose and the uptake of the therapeutic dose. (Table I)

TABLE I

Patient Number and (Treatment)		*Tracer Uptake in %*	*Dose in Millicuries*	*Dose Uptake in %*	*Metabolic Half-life in days*
I	(1)	90.0	6.4	89.3	17.0
	(2)	53.3	9.9	54.0	.....
II		96.0	9.6	83.3	5.3
III	(1)	83.5	4.8	83.7	15.5
	(2)	62.1	6.8	64.0	.....
IV		79.0	3.2	52.5	32.2

In the first three cases the uptake of the therapeutic dose parallels that of the tracer dose. In case No. 4 there is a marked discrepancy. No definitive explanation is presented for this incident. Dietary intake may have been an influencing factor. Details concerned with the effect of diet and iodine pickup are being investigated in these laboratories.

The following chart demonstrates in detail the individual pickup of each case following therapeutic dose. (Fig. 3)

The shipments of I^{131} from Oak Ridge were diluted to 100 ml. with distilled water and sufficient KI solution to bring the total carrier iodide to 100 micrograms. Tracers for these cases, containing 100 microcuries of I^{131} and 100 micrograms of I^{127},

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CANCER: EARLY DETECTION AS RELATED TO THE TOTAL HEALTH PROGRAM

To the editor of the Rhode Island Medical Journal:

IN OUR EFFORTS to spare human beings from the ravages of cancer, we, as physicians may perhaps be by-passing the good of the many for the benefit of the few. It seems reasonable to believe that we have a moral obligation to the larger segment of the people who never will have cancer. The incidence of cancerophobia, created by the admittedly commendable and apparently necessary educational programs, has never been ascertained or even estimated. However, it must be the experience of most practicing doctors that cancerophobia is on the increase. This need not be accepted as an evil to a greater good. A better approach to solving the problem of the early diagnosis (and thereby the early treatment) of cancer should be looked for. To this end, suggestions from all interested persons should be encouraged. It is in this spirit that we are prompted to record the following viewpoint.

As background for reorienting our efforts in the early detection of cancer, reference is made to the report of Herbert L. Lombard and co-authors[1] from the Cancer Detection Center Demonstration in Massachusetts. They state that "lack of personnel and facilities would prohibit the examination of all persons who might desire to avail themselves of service through the medium of detection centers —hence the urgent need for general practitioners to offer this type of service to families under their care and to others who may seek this service." They further indicate that the cost per case is high and that "the purpose of the centers is partially defeated by long waiting lists and the delay entailed." There are many reasons, no doubt, why the cancer detection clinics as operated in the State of Rhode Island should be discontinued. In discussion with numerous colleagues, for example, the feeling is prevalent that the normal channels of medical practice are being interfered with. It is difficult to appraise the intangible influences which the clinics create. It is not the fault of any individual. A false sense of security is placed in the minds of the people. They have the impression that they will receive a complete examination by experts in cancer. Their willingness to be listed on a long interval appointment basis attests to this. Instead of going to their own physicians early they indiscriminately place their faith in a long deferred examination at a detection clinic. Inadvertently, then, the doctors in these clinics are being publicized as cancer specialists.

It is suggested that here in Rhode Island the general practitioner be made the focal point in our approach to the early detection of cancer. Surgeons, internists and other practitioners may also participate. In fact, all doctors of medicine should be invited and encouraged to participate. There need be created, however, some standard of qualification. This may be accomplished by the issuance of a Certificate of Competence, by a vested authority, following the pursuance of a prescribed course of indoctrination in a recognized demonstration center. The Cancer Control Unit of the Harvard School of Public Health could be employed to arrange the course of instruction. The American Cancer Society could be the medium for certification. (cf. certification given by the American Red Cross for proficiency in life saving). The cost of such a program would be met by funds from the American Cancer Society and other funds now being employed to operate the Cancer Detection Clinics.

If we accept the premise that early detection of cancer is important then it is logical to make this possibility readily available to all the people. Furthermore, it is suggested that this is the only manner in which all the people may benefit. In addition, cancer detection may then be correlated with the periodic health examination. In so doing, the cancer aspect need not be overemphasized. The art of medicine could then be exercised in a way that will not promote cancerophobia.

The new orientation suggested would attract the warm cooperation of all members of the profession. It would also place emphasis in educating us, the doctors, in this important matter of detecting cancer early. First things would then be placed first. Apparently we all need some indoctrination as evidenced by the findings of Benjamin F. Boyd, Jr.[2] After analyzing the records of 60 instances of cancer occurring in physicians the author concludes: "The facts remain that in the presence of neoplactic disease physician-patients present themselves for treatment later and that their cancers have a comparably poorer chance of cure than those of the general population." Physician heal thyself!

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TREATMENT WITH RADIOIODINE

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were prepared from the stock solution by dilution. It was later found that sufficient accuracy could be obtained with half the above radioactivity. Hence later tracers contained only 50 microcuries.

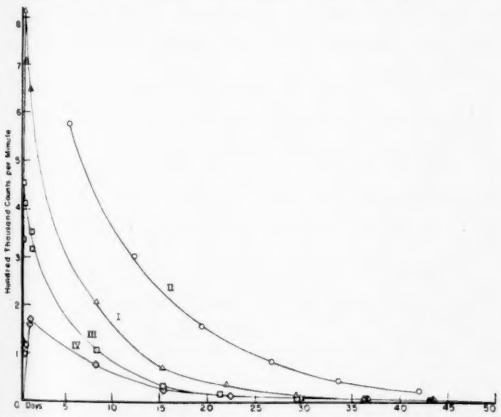

Figure No. 3 In vivo counts over Thyroid against time in days.

Uptake was determined in all cases by the urinary excretion method. Total urine for the periods 0-24 and 24-48 hours was collected and the volume excreted in each period carefully measured. A 100 ml. aliquot of each sample was then counted against a standard identical with the tracer dose taken by the patient and the fraction of the tracer excreted was calculated. This method automatically compensates for the radioactive decay of the I^{131}. In these cases no significant amount of activity was excreted after 48 hours. The limits reported by Skanse (1949) were employed as a diagnostic aid.

Doses were calculated on the basis of an estimate of the gland size by palpatation. According to Chapman and Evans (1949) 0.16 microcuries of I^{131} per estimated gram of thyroid tissue is the effective, safe dose. Hence, a normal gland (20 gms) would receive 3.2 millicuries, one twice normal size 6.4 etc. While this schedule was employed for the first treatment of the cases presented here, it makes no allowance for the variation of uptake in different cases. Subsequently, the present authors adopted the formula of Chapman, Skanse and Evans (1948), as follows:

$$\text{Dose in mc.} = \frac{0.142 \times 20 \times X}{\text{Fractional Uptake}}$$

where X is the estimated multiple of normal gland size. This formula was used to calculate the second doses of patients I and III.

Table I gives the fractional uptakes of both tracer and therapeutic doses for the cases discussed here. In all but one case the correspondence between the uptakes for the tracer and therapeutic doses is quite remarkable especially when one considers the difficulty of obtaining complete samples.

Frequent in vivo counts were taken over the thyroid during the first two days and weekly counts thereafter until the activity dropped to twice the normal background. From plots of the logarithms of these counts against time (Burns et al. 1951), the metabolic half-lives were calculated. These values, which for normal individuals were approximately 100 days, were, in these hyperthyroid cases, very much shorter as shown in Table I. These half-lives are indicative of the abnormal activity of the glands.

While these four cases are selected for presentation because of their interesting variety and include two which necessitated second doses, it is the experience of the present authors that a single dose returns the patient to the state of euthyroid in 70% of the cases.

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THE RHODE ISLAND MEDICAL SOCIETY PHYSICIANS SERVICE

Third Annual Meeting of the Corporation

At Providence, Rhode Island, January 23, 1952

THE THIRD ANNUAL meeting of the Corporation of the Rhode Island Medical Society Physicians Service was held at the Rhode Island Medical Society Library on Wednesday, January 23, 1952. The meeting was called to order by the President, Dr. Joseph C. O'Connell, at 9:20 p. m.

The following members of the Corporation were in attendance:

Peter C. Erinakes, M.D.	Donald DeNyse, M.D.
Frank Logler, M.D.	John A. Dillon, M.D.
James P. Healey, M.D.	Michael DiMaio, M.D.
Henry J. Hanley, M.D.	William J. Fischer, M.D.
Henry E. Turner, M.D.	Peter F. Harrington, M.D.
Louis Morrone, M.D.	George W. Waterman, M.D.
Victor Monti, M.D.	William Horan, M.D.
Charles Dunbar, M.D.	Russell Hunt, M.D.
Edward S. Cameron, M.D.	Louis I. Kramer, M.D.
Albert H. Jackvony, M.D.	Herman A. Lawson, M.D.
Morgan Cutts, M.D.	Edward McLaughlin, M.D.
Earl F. Kelly, M.D.	Robert G. Murphy, M.D.
Charles J. Ashworth, M.D.	Joseph C. O'Connell, M.D.
Robert Baldridge, M.D.	Edwin B. O'Reilly, M.D.
J. Murray Beardsley, M.D.	Alfred L. Potter, M.D.
Frederic J. Burns, M.D.	Louis Sage, M.D.
Frank B. Cutts, M.D.	Daniel Troppoli, M.D.

Also present were Stanley H. Saunders, Executive Director; Edgar Clapp, Assistant Executive Director; and John E. Farrell, Executive Secretary.

Address of President

Dr. Joseph C. O'Connell addressed the members of the Corporation reviewing the progress of Physicians Service during its second year of operation. His remarks are made part of the official minutes of this meeting.

Annual Report of Secretary

Morgan Cutts, M.D., secretary of the Corporation, read his annual report, copy of which is made part of the official minutes of this meeting.

It was moved that the annual report of the secretary be accepted and placed on file.

Annual Report of Treasurer

Dr. Charles J. Ashworth, treasurer of the Corporation, briefly reviewed the financial status of the organization at the conclusion of its second year of operation. He also presented and read parts of the report of Ward, Fisher & Company, Certified Public Accountants, whose complete statement is attached to and made part of the official minutes of this meeting.

It was moved that the report of the treasurer be accepted and placed on file. The motion was seconded and adopted.

Nominations for Board of Directors

The Secretary reported that the House of Delegates of the Rhode Island Medical Society had nominated to serve for three year terms, starting this day, as members of the Board of Directors of Physicians Service, the following:

Charles L. Farrell, M.D. of Pawtucket
Henri E. Gauthier, M.D. of Woonsocket
Louis E. Burns, M.D. of Newport
Louis E. Cerrito, M.D. of Westerly

It was moved that these nominees be elected by the Corporation to serve for three year terms, starting this date, as members of the Board of Directors of the Rhode Island Medical Society Physicians Service. The motion was seconded and adopted.

Election of Corporation

Dr. Joseph C. O'Connell placed in nomination the name of Mr. Thomas G. Dignan, for nearly two years a member of the Board of Directors of Physicians Service. Mr. Dignan resigned from the Board of Directors upon moving to Boston late in 1951.

It was moved that Mr. Thomas G. Dignan be elected as a member of the Corporation of the Rhode Island Medical Society Physicians Service. Motion was seconded and adopted.

New Business

The suggestion was made to the Corporation by Dr. Peter F. Harrington that its Board of Directors consider within the coming year the possibility of extended coverage for subscribers to Physicians Service.

Adjournment

The business of the Corporation completed, Dr. O'Connell declared the meeting adjourned at 9:45.

Respectfully submitted,

MORGAN CUTTS, M.D., *Secretary*

Report of the Secretary to the Corporation January 23, 1952

Since the last meeting of the Corporation of the Rhode Island Medical Society Physicians Service four meetings of the Board of Directors have been held to carry forward the work of the corporation. A brief summary of the highlights of the actions taken by the Board follows:

Officers and Board

The Board elected as the officers to serve for the year 1952 the following:

Joseph C. O'Connell, M.D., *President*
Rocco Abbate, M.D., *Vice President*
Morgan Cutts, M.D., *Secretary*
Charles J. Ashworth, M.D., *Treasurer*

The Board also elected to its membership the two nominees of the Hospital Service Corporation, Mr. Felix A. Miraondo, and Mr. Emil A. Fachon.

The Board lost one member through resignation during the year when Mr. Thomas G. Dignan moved from Rhode Island.

Committees

During the year the Board received and reviewed reports from its Professional Advisory, Finance, and Joint Operations committees, and advised these committees regarding policy procedures to be followed in the best interests of Physicians Service. Reports from the legal counsel, Mr. William E. McCabe, were also considered by the Board during the year.

Finances

The Finance Committee was authorized to invest reserve funds of Physicians Service in United States Government securities, and a custody account was established for the holding of these securities in the Providence Union National Bank and Trust Company.

The Treasurer was authorized to direct the administrative officers to establish the 5% statutory reserve fund, and the maternity benefits reserve fund of 3% of the monthly income of Physicians Service, in accordance with rulings of the State Insurance Commissioner.

Enrollment

The executive director was authorized to carry out a plan for direct enrollment in the Fall of 1951 in accordance with a proposal submitted by him to the board of directors. He was also requested to make a study of the utilization of the Service by direct enrollees in order to determine future policies relative to this type of enrollment.

Miscellaneous

The Board considered proposals for the inclusion of allied services, such as x-ray, dental, chiropody, etc., and determined that until such time as the present basic program is firmly established additions should not be attempted.

The Board reviewed proposals for regulations by hospitals for the payment to subscribers of Physicians Service who may be hospital ward patients, and ruled that payments shall be made to participating physicians actually rendering the service, and that any assignment such physician may execute relative to payment due him shall be recognized by the administrative officers of Physicians Service.

Benefits Increased

During the year the Board secured the approval of the State Insurance Commissioner to utilize part of the reserve fund to increase the indemnities to subscribers of the Service. This increase did not match the schedule of fees proposed by the study committee of the R. I. Medical Society, but it was as much as could be accomplished in accordance with the insurance laws. It is the intention of the board of directors that this problem shall be reviewed again when the next audit of Physicians Service is completed by the state insurance department.

Literature

The Board ruled that the literature advertising Physicians Service should be revised and reviewed to make necessary clarifications for the benefit of the subscribers.

The Board also approved of the use of a page each month in the R. I. MEDICAL JOURNAL to publicize to the physicians problems relating to the Service, and it also approved of a revised letter to be sent out by the President to beneficiaries of the Service inviting their comments regarding the program.

Respectfully submitted,
MORGAN CUTTS, M.D., *Secretary*

Report of Ward, Fisher & Company (Certified Public Accountants)

January 21, 1952

To the Board of Directors of the Rhode Island Medical Society Physicians Service:

We have made an examination of the financial records of the Rhode Island Medical Society Physicians Service for the year ended December 31, 1951.

The results of our examination are presented in the following exhibits forming a part of this report:

Exhibit	*Schedule*	
A		Balance Sheet, December 31, 1951
B		Statement of Income, Year ended December 31, 1951
	A-1	United States Government Bonds and Notes, December 31, 1951
	A-2	Reserve for Surgical and Medical Expense, Year ended December 31, 1951

continued on next page

A-3 Statutory Reserve for Contingencies, Year ended December 31, 1951

The following comments pertaining to certain items in the attached statements are furnished for your further information.

CASH IN BANKS:

Cash on deposit in banks was verified by correspondence with the depositaries.

ACCOUNTS RECEIVABLE:

This item represents subscriptions due and earned.

ACCOUNTS RECEIVABLE — HOSPITAL SERVICE CORPORATION:

Accounts collected by the Hospital Service Corporation for account of Physicians Service for the month of December totaled $244,300.57.

ACCRUED INTEREST ON BONDS PURCHASED:

This item represents accrued interest paid on U. S. Government bonds purchased on which no interest has been received to December 31, 1951.

INVESTED FUNDS:

United States Government bonds and notes are listed on schedule A-1, and were verified by correspondence with the depositary, the Providence Union National Bank and Trust Company.

ACCOUNTS PAYABLE:

At December 31, 1951 the Physicians Service was indebted to the Hospital Service Corporation of Rhode Island in the amount of $11,584.85 for operating expenses for the month of December. Under the joint operations agreement, operating expenses for both Hospital Service and Physicians Service are paid by the Hospital Service Corporation and the allocation of such expenses to Physicians Service is made monthly on a basis of percentage of number of contracts in force for each plan at the end of each month. All such calculations have been verified by us.

ACCRUED SURGICAL AND MEDICAL EXPENSE:

This item represents estimates of the liability for patients admitted prior to January 1, 1952, for whom service reports had not been received. Computation of the accrual was reviewed by us.

ACCRUED MATERNITY BENEFITS:

As a result of an examination of the records of the Physicians Service for the year 1950, the Insurance Commissioner of Rhode Island has recommended that provision be made for accrued maternity benefits equal to said benefits paid during the previous nine months, such provision to be made retroactively to the year 1950. This liability totaled $34,300.00 for the year 1950, and has been increased by the amount of $109,795.00 for the year under review. These allocations are reflected in schedule A-2.

UNEARNED SUBSCRIPTIONS:

Calculations of unearned subscriptions allocable to future periods were verified.

RESERVE FOR SURGICAL AND MEDICAL EXPENSE:

Details of the items affecting this account for the period under examination are reflected in exhibit B.

RESERVE FOR CONTINGENCIES:

The Insurance Commissioner has specified that a statutory reserve be set up which shall annually be an amount equal to 5% of the net earned subscriptions commencing with the year ended December 31, 1950. An analysis of this reserve is presented on schedule A-3.

GENERAL:

Exhibit B reflects the income for the period under examination, its allocation, and the various operating expenses.

Our examination was made in accordance with generally accepted auditing standards applicable in the circumstances and included all procedures which we considered necessary.

Substantial tests were made in verification of receipts and disbursements.

In our opinion, the accompanying balance sheet and related statement of income present fairly the position of the Rhode Island Medical Society Physicians Service at December 31, 1951, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles consistently applied.

Respectfully submitted,

WARD, FISHER & Co.
Certified Public Accountants

Exhibit A

RHODE ISLAND MEDICAL SOCIETY PHYSICIANS SERVICE

Balance Sheet

December 31, 1951

ASSETS

CURRENT ASSETS:		
Cash in banks	$ 79,779.75	
Accounts receivable, subscriptions	2,431.24	
Accounts receivable, Hospital Service Corporation of Rhode Island	244,300.57	
Accrued interest paid on bonds purchased	196.25	$326,707.81

UNITED STATES GOVERNMENT BONDS AND NOTES, Schedule A-1		497,762.72
Total assets		$824,470.53

LIABILITIES AND RESERVES

CURRENT LIABILITIES:		
Account payable to Hospital Service Corporation of Rhode Island	$ 11,584.85	
Accrued surgical and medical expenses	154,011.00	
Accrued maternity benefits	143,825.00	$309,420.85
DEFERRED INCOME:		
Unearned subscriptions		130,501.58
RESERVES:		
Reserve for surgical and medical expense —schedule A-2	$273,111.91	
Statutory Reserve for Contingencies — schedule A-3	111,436.19	384,548.10
Total liabilities and reserves		$824,470.53

Exhibit B

Statement of Income

Year ended December 31, 1951

INCOME:		
Earned subscriptions	$1,645,530.78	
Interest on invested funds	2,953.79	
Total income		$1,648,484.57
SURGICAL AND MEDICAL EXPENSES:		
Participating physicians	$ 959,966.50	
Non-participating physicians	213,965.50	
Total Surgical and Medical Expenses	$1,173,932.00	
OPERATING EXPENSES:		
Allocation of expenses by Hospital Service Corporation, under operating agreement	100,310.42	
Other expenses paid direct by Physicians Service:		

continued on page 152

The RHODE ISLAND MEDICAL JOURNAL

Owned and Published Monthly by the Rhode Island Medical Society,
106 Francis Street, Providence, Rhode Island

DR. ISAAC GERBER

IT IS NOT necessary to recount here the incidents and the professional career of Dr. Gerber. That has been done in other places and, as a matter of fact, most of our members knew pretty well what he had done.

But it is well worthwhile to talk about his relationships with the Rhode Island Medical Society. Both in the local Providence Medical Association and in the State Society he was an earnest, prominent member, always doing his part. Through many years a wheelchair existence did not slow him up in his work. It seems safe to say that very few of our members attended more meetings, both of the Society and the numerous committees on which he served at various times.

He had served as vice president of the Rhode Island Medical Society and at the time of his death he was a member of the Editorial Board, a member of the Committee on Scientific Work and the Annual Meeting, and a member of the Cancer Committee. We believe that nothing kept him away from these important meetings except immobilization in a hospital bed in the last few weeks of his life.

He was a tower of strength in whatever he did. Starting almost at the beginning of medical x-ray work he was in many respects a pioneer. He always kept abreast of the developments in his specialty and he had world-wide recognition. He not only had a brilliant mind, but he was a determined, industrious user of it. He had firm convictions, and he never hesitated to express these convictions clearly and forcefully. Nevertheless there was no rancor about his arguments. The presence of two points of view on any problem did not mean a fight to him; it meant only a clear, forceful statement of his viewpoints, and he expected the fellow on the other side to take the same attitude.

Only a few days before his fatal illness he was on the phone looking for opportunities to help out in the editorial work of this *Journal.* We are going to miss him greatly.

"OUTMODED MEDICAL ETHICS"

Our attention has been directed recently to two new books, both of which find fault with the practice of medicine. Now this is still a free country, and we are not so thin-skinned that we cannot accept criticism, provided it is true and justifiable. But we suspect that some of the criticisms aimed at the medical profession in recent months by professional writers have been tempered with a desire to be sensational rather than be accurate, to attract criticism of the ideas in order to promote the sale of the book, and all-in-all to win approval of

utopian federal programs for the care of mankind in general.

We are particularly intrigued by the announcement relative to a recent book on medical ethics and their effect upon the public, a composition by a Chicago architect that is built on the flimsiest foundation yet to be blue printed. Two salient points were made in the news announcement about this book.

One cited that a Chicago doctor had developed a new treatment for arthritis that resulted in remarkable success, but "it was not sanctioned by the medical profession because it did not have the 'authority' of publication in a recognized medical magazine." If that isn't the most ludicrous statement of the year it will claim the honor until a sillier one is presented.

The second point made was that the author "was introduced to the problem of outmoded medical ethics when he became afflicted with arthritis in 1936. His subsequent cure and the rejection of that cure by medical circles led to his painstaking investigation into the overall problem."

This month the Arthritis and Rheumatism Foundation is launched in a national campaign to raise funds to conduct medical research to discover the cause and possible cure of the disease. If the Chicago architect has the cure he is certainly taking a roundabout way to inform General George C. Kenney, president of the national arthritis foundation, of it.

But it is the expression "outmoded medical ethics" that most concerns us. How can any intelligent person, least of all a would-be author, damn the principles of ethics of the American medical profession as "outmoded." Since when did the commandments of good conduct, fair dealing, honest service, professional integrity, and the like become outdated? What is the modern version of the virtues that our author would promulgate?

Are our ethics outmoded when they state that the "Profession has for its prime object the service it can render to humanity and reward or financial gain should be a subordinate consideration?"

Are we behind the times when we impose on ourselves the duty that "confidences concerning individual or domestic life entrusted by a patient to a physician, and the defects or disposition or flaws of character observed in patients during medical attendance should be held as a trust and should never be revealed except when imperatively required by the laws of the state?"

Should the inflation of the day cause us to reword our ethical rules that now state that "it is unprofessional to receive remuneration from patents or copyrights on surgical instruments, appliances, medicines, etc." or "to prescribe or dispense secret medicines or other secret remedial agents, or manufacture or promote their use in any way?"

No, our principles of ethics are not outmoded anymore than are the ten commandments.

HATS FOR HEALTH

If you are willing to hunt for it, you will find some choice light reading in the "Congressional Record." For instance — the Congressman from Fairfield County, Connecticut, "the hat center of the world," has a health article in the January 24 number.

He introduces in the "Record" a report from "Hat Life," evidently the organ of the hat makers. This earnest worker in the health field interviewed 100 nose and throat specialists and received answers from 22 which they consider a "high response from busy men."

We believe that the cigarette manufacturers wouldn't think so much of this record. Apparently a majority of us have told about our preferences for our favorite — Lady Nicotine.

Be that as it may, 15 of these 22 distinguished ear, nose and throat specialists gave affirmative replies to the question: "In your opinion, does a hatless man particularly invite sinus troubles?" This magazine "conducted the survey, not for the publicity value — but to provide hat men with the confidence and knowledge that the unquestionable weight of medical opinions is on their side."

But we ourselves have been undone by one of our local nose and throat men. We never thought of going about our professional work hatless until we discovered the fact that Dr. S. was doing that. Now we realize that he had a deep-laid diabolical plot. At that time nose and throat men made a lucrative living by boring into infected sinuses. He was evidently, by his sinister example, leading others to accumulate sinus trouble. Thus he fattened his pocketbook.

At the present time, our Connecticut Congressman can do no more than to propagandize to put over his health theories. But just wait until bureaucratic medicine is in the saddle. This country has demonstrated its ability to put sumptuary laws on the books. Would a country that by the 18th Amendment attempted to settle the most difficult problem relating to men's habits hesitate to make hat wearing compulsory if thereby it promoted our health?

You know that the outstanding rule in congressional procedure is, if you vote for my bill, I'll vote for yours. When the gentleman from the clover producing district decides it is his duty to save us from the perils of phlebitis by keeping us all on a mildy elevated level of dicumarol, which we understand is a product of spoiled clover, he will be certain of a vote from Connecticut.

continued on next page

The possibilities of this prophylactic legislation are prodigious. Isn't it, however, just possible that the distinguished 15 nosolgists, influenced by their personal friendships for the "Danbury Hatters", have been led into "talking through their hats."

DOCTOR BURGESS HONORED

The appointment by the American College of Physicians of Doctor Alex M. Burgess, Sr., of Providence, as one of its three members to serve on the 19-member Joint Commission on Accreditation of Hospitals, adds another honor to the long list of distinctions that have come to him through the years.

Doctor Burgess withdrew from private practice two years ago to serve as area section chief in medicine for the United States Veterans Administration, and in this important position he supervises programs in veterans facilities throughout New England and New York state. He has also found time to serve as national chairman of the committee for the resettlement of foreign physicians, and next June he will be an official delegate of the American Medical Association to the annual session of the Canadian Medical Association.

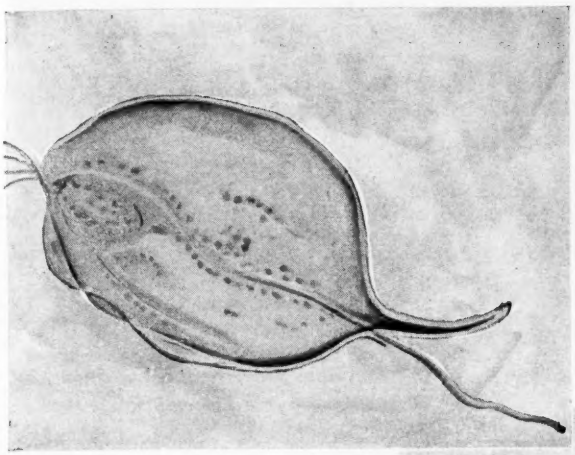
The decision last year to form a new commission for hospital accreditation resulted in appointments by the College of Physicians, the College of Surgeons, the American Medical and Hospital Associations, and the Canadian Medical Association. This Commission has held two meetings and its work promises to make it one of the most important policy making groups in the medical-hospital field. Rhode Island is indeed honored that Doctor Burgess has been selected for this Commission.

RHODE ISLAND PLAN GROWTH

The recent announcement by the health insurance committee of the Society that more than forty thousand persons are now enrolled under the Rhode Island Plan, started prior to the development of Physicians Service, is an encouraging aspect to the overall voluntary health insurance movement locally. With the Society's Physicians Service reporting a quarter of a million enrollment, the additional coverage by the insurance companies under the Rhode Island Plan is significant.

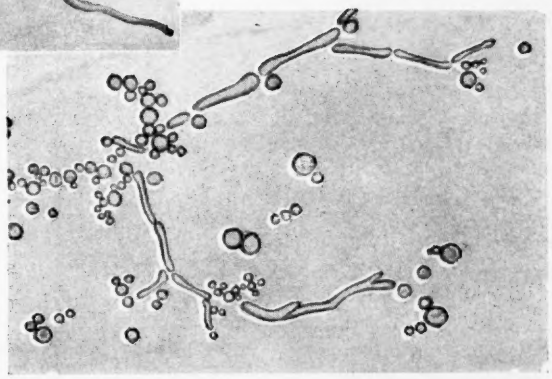
Largest among the firms that have recently adopted the surgical benefit program for its employees and dependents is the Brown and Sharpe Manufacturing Company which employs more than 7,000 men and women. This coverage was secured by the Metropolitan Life Insurance Company which has underwritten group surgical operation benefit plans in more than 2,000 companies in this country and Canada.

With the latest developments in the Rhode Island Plan the Metropolitan has announced that it will issue a special simplified claim form for use by local physicians in handling claims under the program, and it will also issue a special identification card to all employees covered under the group contract. The card, similar to the Physician Service-Blue Cross identification card, will enable the attending physician to recognize persons enrolled in the groups covered by the Metropolitan Life company. It is the hope of the Society's insurance committee that this method of identification will be adopted by the other companies approved under the Plan .



Trichomonas vaginalis. One out of 5 women harbors this parasite.*

Monilia albicans.



defense against these invaders . . .

FLORAQUIN®

Floraquin reestablishes normal vaginal flora, replenishes mucosal glycogen and restores normal vaginal pH.

It is recommended in trichomonal, senile and monilial vaginitis, mixed vaginal infections and vulval and vaginal pruritus.

FLORAQUIN TABLETS—for home use

FLORAQUIN POWDER—for office insufflation

*Kuder, K.: Vaginal Infections, J. Am. M. Women's A. 5:173 (May) 1950.

SEARLE RESEARCH IN THE SERVICE OF MEDICINE

PHYSICIANS SERVICE CORPORATION MEETING

continued from page 147

Legal, auditing and Executive Secretary expense	4,751.00	
Directors' meetings	181.20	
Printing and stationery	114.01	
Total Operating Expenses	105,356.63	
Total expenses		$1,279,288.63
NET INCOME ADDED TO RESERVES, YEAR ENDED DECEMBER 31, 1951		369,195.94
TRANSFERS TO RESERVES:		
Reserve for surgical and medical expense		$ 286,919.40
Statutory reserve for contingencies		82,276.54
		$ 369,195.94

Schedule A-2

Reserve for Surgical and Medical Expense
Year ended December 31, 1951

RESERVE BALANCE, DECEMBER 31, 1950		$159,177.16
Deduct:		
Allocation to statutory reserve for contingencies, made retroactively for the year 1950, in accordance with the requirements of the Insurance Commissioner (5% of earned subscriptions)	$ 29,159.65	
Allocation to accrued maternity benefits, made retroactively for the year 1950, in accordance with the requirements of the Insurance Commissioner	34,030.00	63,189.65
ADJUSTED RESERVE BALANCE, DECEMBER 31, 1950		95,987.51
Add:		
Allocation of income for the year ended December 31, 1951—exhibit B		286,919.40
		382,906.91
Deduct:		
Increase in accrual for maternity benefits:		
Accrual December 31, 1951	$143,825.00	
Accrual December 31, 1950	34,030.00	109,795.00
RESERVE FOR SURGICAL AND MEDICAL EXPENSES, DECEMBER 31, 1951		$273,111.91

Schedule A-3

Statutory Reserve for Contingencies
Year ended December 31, 1951

Allocation made retroactively for the year 1950 (5% of earned subscriptions)	$ 29,159.65
Allocation for the year ended December 31, 1951 (5% of earned subscriptions)	82,276.54
STATUTORY RESERVE FOR CONTINGENCIES, DECEMBER 31, 1951	$111,436.19

Schedule A-1

RHODE ISLAND MEDICAL SOCIETY PHYSICIANS SERVICE

United States Government Bonds and Notes

December 31, 1931

UNITED STATES TREASURY BONDS

Rate	*Maturity*	*Par Value*	*Book Value*	*Estimated Market Value*
2½	June 15, 1962-67	100,000.00	98,726.57	98,000.00
2	June 15, 1952-54	100,000.00	99,941.41	100,000.00
2	Sept. 15, 1952-53	100,000.00	100,046.88	100,000.00
	UNITED STATES TREASURY NOTES			
1¾	Dec. 15, 1955	75,000.00	74,296.88	73,500.00
1½	Mar. 15, 1955	25,000.00	24,648.44	24,500.00
	UNITED STATES TREASURY CERTIFICATES OF INDEBTEDNESS			
1⅞	Oct. 1, 1952	50,000.00	50,102.54	50,000.00
1⅞	Sept. 1, 1952	50,000.00	50,000.00	50,000.00
		500,000.00	497,762.72	496,000.00

CHECK THE DATES... MAY 6 • 7 • 8

ANNUAL MEETING OF THE RHODE ISLAND MEDICAL SOCIETY

TUESDAY — MAY 6 . . . Evening
WEDNESDAY — MAY 7 . . . Afternoon
THURSDAY — MAY 8 . . . Afternoon and Evening

ANNUAL REPORTS — 1951

THE PROVIDENCE MEDICAL ASSOCIATION

ANNUAL REPORT OF THE SECRETARY, 1951

During the past year the Association has continued to maintain its outstanding record of service to the membership and to the community. A perusal of the reports of the various committees, as well as recognition of the fact that the members of this Association, the largest unit of the state medical society, play a predominant part in the furtherance of the activities of the Rhode Island Medical Society, indicate better than any report I can render the success of the organization.

Of particular significance to our membership has been the phenomenal growth of the Medical Bureau of the Association under the supervision of Mrs. Mary H. Beagan and the directorship of the Executive Secretary of the Association. The Bureau now ranks as one of the outstanding ones in the country under the control and supervision of a medical society. Of particular interest is the fact that during 1951 the Bureau answered approximately 3225 emergency calls for physicians directed to it.

During 1951 the Association held 8 scientific assemblies, and in addition participated actively in the Annual Meeting of the Rhode Island Medical Society in May and its Interim Meeting held in September.

In June the Annual Dinner and Golf Tournament was held at the Pawtucket Golf Club under the direction of the Committee on Entertainment.

The interesting scientific sessions held during the year resulted in excellent attendance, with an average of 100 for the meetings.

January 8—Presidential Address. Louis I. Kramer, M.D. "Management of Diabetes in Pregnancy." Priscilla White, M.D., Boston, Massachusetts, physician, New England Deaconess Hospital; associate physician, Boston Lying-In Hospital; instructor of pediatrics, Tufts Medical School; instructor, Harvard Medical College.

February 5—"Problems in Child Dental Health." Fred Shiere, D.D.S., Boston, Assistant Professor of Oral Pediatrics, Tufts College Dental School. "Review of Nutritional Observations in New England." Fred W. Morse, Jr., M.D., of New York City, Regional Public Health Consultant, U. S. Public Health Service.

March 5—"Clinical Course of Mitral Stenosis." Lawrence B. Ellis, M.D., Boston, Massachusetts, Assistant Clinical Professor of Medicine, Harvard Medical School; Chief of Cardiac Clinic and Assistant Visiting Physician, Boston City Hospital. "The Surgery of Mitral Stenosis." Dwight E. Harken, M.D., Boston, Massachusetts, Assistant Clinical Professor of Surgery, Harvard Medical School; Thoracic Surgeon, Peter Bent Brigham Hospital.

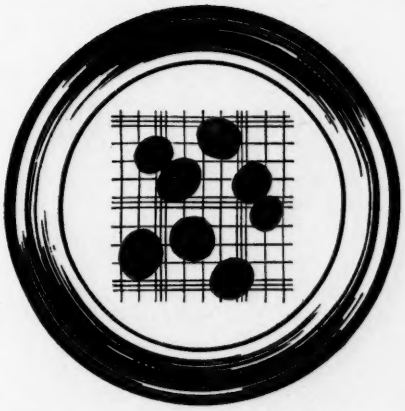
April 2—"Cancer of the Uterine Cervix" (A study of 432 cases at the Rhode Island Hospital, 1933-1943). Sumner I. Raphael, M.D. "Management of the Infertile Couple." George W. Waterman, M.D., Chairman. "Cervical and Vaginal Factors," William A. Reid, M.D.; "Tubal Factor," Charles Potter, M.D.; "Special Procedures," Sumner I. Raphael, M.D.; "The Male Factor," Nathan Chaset, M.D. and Ernest Landsteiner, M.D.

May 1—"Symposium on ACTH and Cortisone." "Arthritis." William K. O'Connell, M.D., Assisting Visiting Physician, and Chief, Department of Arthritis, St. Joseph's Hospital. "Asthma." Frederick R. Riley, M.D., Visiting Physician and Chief, Department of Allergy, St. Joseph's Hospital. "Blood Dyscrasia." James F. Hardiman, M.D., Assisting Visiting Physician, and Assistant Chief, Department of Hematology, St. Joseph's Hospital.

October 1—"Nephrectomy for Tuberculosis." Nathan Chaset, M.D., of Providence, Surgeon, Department of Urology, Rhode Island Hospital. "Surgery for Pulmonary Tuberculosis in Rhode Island." William B. O'Brien, M.D., Wallum Lake, Rhode Island, Superintendent, Rhode Island State Sanatorium. "Should we Try to Cure Tuberculosis by Cutting Out the 'Rotten Spot'? The Medical Viewpoint." Donald S. King, M.D., Boston, Massachusetts, Area Consultant in Tuberculosis, U. S. Veterans Administration.

November 5—"Management of Herniated Intervertebral Discs." Maurice L. Silver, M.D., Assistant Surgeon, Department of Neurosurgery, R. I. Hospital; Association Surgeon (Neurosurgery) Miriam Hospital; Attending in Neurosurgery, Providence Veterans Hospital. "Intercranial Aneurysm." James L. Poppen, M.D., Boston, Massa-

continued on page 156



more than specific therapy...

may be needed to accelerate recovery in the common anemias.

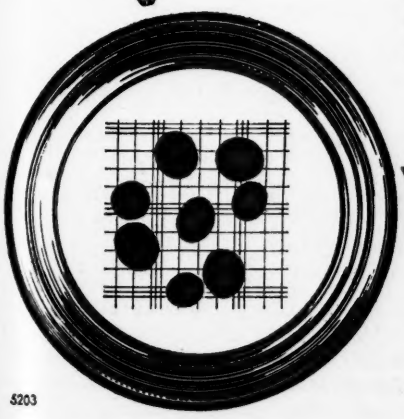
In treating microcytic hypochromic anemia, particularly in the patient of reproductive age or when blood loss of any type is a conditioning factor, you will want to prescribe **not only iron but also all the elements known to be essential for the development and maturation of red blood cells.** "Bemotinic" provides all these factors.

Each capsule contains:		
Ferrous sulfate exsic. (3 gr.)	200.0	mg.
Vitamin B_{12} U.S.P. (crystalline)	10.0	mcg.
Gastric mucosa (dried)	100.0	mg.
Desiccated liver substance, N.F.	100.0	mg.
Folic acid	0.67	mg.
Thiamine HCl (B_1)	10.0	mg.
Vitamin C (ascorbic acid)	50.0	mg.

In macrocytic hyperchromic anemias, the elements contained in "Bemotinic" will provide additional support to specific therapy, or may be used for maintenance once remission has been achieved. In many pernicious anemia patients there is need for iron because of a co-existent iron deficiency.

Suggested Dosage: One or two capsules (preferably taken after meals) three times daily, or as indicated.

No. 340—Supplied in bottles of 100 and 1,000



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ANNUAL REPORTS

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chusetts, Member of Staff, Department of Neurosurgery, Lahey Clinic, Boston.

December 3—"Early Diagnosis of Carcinoma of the Cervix and the Treatment in Early Cases." Howard Ulfelder, M.D., Clinical Associate in Surgery, Harvard Medical School; Assistant Surgeon, Massachusetts General Hospital. "Experiences with 'Papanicolaou' Smear Diagnosis for Cancer." Herbert Fanger, M.D., Director Pathologist of the Institute of Pathology, within the R. I. Hospital.

The Executive Committee of the Association, entrusted with the task of carrying on all business between the meetings, met 5 times. The Committee recommended 10 applicants for membership, all of whom were approved and subsequently elected by the Association. One member was elected to Associate membership, one member resigned upon moving outside the state, one member was granted a leave of absence to further postgraduate studies, four members were dropped for nonpayment of dues.

During the year the following members of the Association died:

Clinton S. Westcott, M.D. (January 8)
Helen C. Putnam, M.D. (February 2)
Richard F. McCoart, M.D. (February 25)
Edward S. Brackett, M.D. (March 1)
William C. Thompson, M.D. (March 18)
Charles E. V. Kennon, M.D. (April 18)
Alvah H. Barnes, M.D. (September 3)
Edward J. Black, M.D. (September 10)
N. Darrell Harvey, M.D. (October 13)
Marcius H. Longfellow, M.D. (November 9)
Angelo Scorpio, M.D. (November 14)
Edward F. Burke, M.D. (December 20)

Your Secretary at this time expresses his appreciation to the members of the Association, and particularly to the Chairmen of the various committees, for their excellent cooperation with him during the year.

Respectfully submitted,
MICHAEL DIMAIO, M.D., *Secretary*

ANNUAL REPORT OF THE TREASURER, 1951

RECEIPTS:

Cash balance, Jan. 1, 1951	$ 902.64	
Dues, 1951	7,277.50	
Interest on bonds	35.00	
Annual dinner receipts	348.00	
Total		$8,563.14

EXPENSES:

Collations after meetings	$ 390.00	
Annual dinner	562.25	
Case report contest prizes	75.00	
Donations to R. I. Medical		

Society (Use of Bldg. and services)	2,352.56	
Journals for library	635.38	
Monthly meeting expenses	116.71	
General expenses (misc.)	1,046.94	
Office supplies	311.17	
Postage and printing	436.03	
Telephone	266.52	
Salary and taxes	2,160.45	
Total		$8,353.01
Cash balance, Jan. 7, 1952		$ 210.13
Dues outstanding		90.00
Government bonds		2,700.00
Total assets		$3,000.13

ROBERT G. MURPHY, M.D., *Treasurer*

DISASTER COMMITTEE

Your Disaster Committee has met many times during the last year and I believe we have made definite progress. Your Committee has been greatly aided by our Executive Secretary, Mr. John E. Farrell.

The hospitals of the community were urged to set up a disaster plan for any civilian disaster and all of them have cooperated to the fullest extent. A general outline of what was needed was sent to all of the hospitals. One questionnaire was sent out to doctors in the local society asking for volunteers for civilian disaster. The majority were filled out promptly and the physicians were ready to serve in any capacity that the Disaster Committee needed them. Our next problem was to separate physicians who were essential to hospital staffs from those with no staff appointments or those who could be excused from staff duties during the primary emergency.

Thirty-two First Aid Teams were set up and physician staffs for eight Emergency Hospitals were appointed.

One trial run was held and it was very successful. There were many minor mistakes that will be corrected in the future. The city is stocking antibiotics, gauze and various drugs and splints in school buildings that are set up as Emergency Hospitals. Store houses for supplies are placed around the periphery of the city. Temporary cots have now been installed in these various schools and the school cafeterias will be used as the main part of the Emergency Hospital with an overflow into the school gymnasium. Better control is being set up so that First Aid Teams can be sent to the scene of the disaster where they can set up First Aid Stations and screen the patients that will need to be sent by ambulance to Emergency Hospitals and from there to General Hospitals for more definitive treatment when the disaster is over.

continued on next page

Your chairman was sent to Chicago to attend a convention on Civilian Defense run by the Hospital Association, Dentists, State Health and Territorial Association and the A.M.A. At this convention it was voted that the county medical societies be held responsible for the training of physicians in civilian defense and disaster work. Your committee is now in the process of working the details on how to carry out the educational program.

Your Disaster Committee suggests that the Committee be enlarged with doctors appointed to carry out specific projects that could be used not only in civilian disaster but in civilian defense. The following recommendations are made:

(1) A 3 to 5 man committee be appointed to draw up procedures and standardize the type of treatment needed for wounds that are both blast and crush injuries; how wounds should be treated as first aid in emergency hospitals and in the permanent hospitals.

(2) A committee to work out the details and standardize the treatment for fluid therapy in shock and in burns.

(3) A committee on anesthesia, narcotics and related drugs.

(4) A committee on surgical treatment of burns.

(5) A committee on the treatment of fractures.

(6) A committee on treatment of radiation illness.

After these committees have met and drawn up as simple as possible standardizations of treatments, lectures should be given, first to doctors and then to civilian volunteers.

We believe that the Providence Medical Association and other county medical societies should be the educational force that is necessary to train personnel required for civilian defense; that all hospitals should be used to train technical assistants necessary in the collection of blood, intravenous therapy, blood typing and any other technical work that can be so delegated. Some medical societies have already published 3 to 6 hour courses that can be given.

All of us hope that we may never need to treat a large number of casualties whether from civilian disaster or from the result of warfare. Being prepared lessens panic and saves lives.

Respectfully submitted,

J. M. GIBSON, M.D., *Chairman*
WILLIAM A. HORAN, M.D.
L. E. REIK, M.D.
EDWARD I. SELTZER, M.D.
HUGH J. HALL, M.D.
HENRY B. MOOR, M.D.
FREDERIC J. BURNS, M.D.

COMMUNITY WORKSHOPS

During 1951 there were two meetings of the committee advisory to the Community Workshops, Inc., held jointly with the staff. Members of the Committee have been consulted by the executive committee of the Community Workshops on a number of occasions and have assisted in matters which did not require action of the entire Committee.

Respectfully submitted,

CLIFTON B. LEECH, M.D., *Chairman*
RAYMOND F. HACKING, M.D.
WILLIAM A. HORAN, M.D.
LOUIS A. SAGE, M.D.
EDWIN GAMMELL, M.D.
MAURICE W. LAUFER, M.D.
ROBERT M. LORD, M.D.
MERLE M. POTTER, M.D.

ENTERTAINMENT COMMITTEE

The Annual Dinner and Golf Tournament of the Association was held at the Pawtucket Golf Club on Wednesday, June 6, 1951.

In the afternoon approximately 80 members of the Association and their guests participated in the Golf Tournament, with the following the winners of the prizes offered by the Association:

		Score
Kickers Handicap	Frank McCardell, M.D.	77
Low Gross	Charles S. Dotterer, M.D.	82
2nd Low Gross	Francis E. Hanley, M.D.	82
3rd Low Gross	Raymond E. Stevens, M.D.	85
Low Net	Linus Sheehan, M.D.	66
2nd Low Net	Joseph N. Corsello, M.D.	76
3rd Low Net	Linley Happ, M.D.	76
(Tied for second; draw for prize gave 3rd ranking)		
Low Gross, Guest	William Mason	80
Highest Score	Thomas J. Dolan, M.D.	
Highest on one Hole	Raymond T. Stevens, M.D.	

In the evening 116 members and their guests attended the Annual Dinner which proved a most sociable event, and which was highlighted by an entertainment program featuring Michael MacDougall, the Card Detective.

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ENTERTAINMENT COMMITTEE

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The Committee expresses its appreciation to the friends of the Association who contributed valuable prizes for the golf competition.

Respectfully submitted,

WILLIAM J. H. FISCHER, JR., M.D., *Chairman*
NATHAN A. BOLOTOW, M.D.
HERMAN P. GROSSMAN, M.D.
RALPH DILEONE, M.D.
HARRY E. DARRAH, M.D.
BENEDICT CHAPAS, M.D.
EDWARD I. SELTZER, M.D.

ETHICS AND DEPORTMENT

The work of this committee during the past year has been absorbed for the most part by the Committee on Medical Grievance of the Rhode Island Medical Society which numbers in its personnel past and present officers of our Association, and in addition the chairman of this committee.

During the year many complaints of minor nature have been made directly to the Executive Secretary who has been able to resolve the issues without committee action.

We also note that the sending of a letter by Physicians Service to beneficiaries of that program, and inviting comments, has resulted in the clarification of possible misunderstandings between patients and physicians which we feel certain has reduced to the minimum complaints that would otherwise be made directly to the Association.

The matter of ethics and deportment is a personal problem for each physician, and we are proud of the fine type of members who comprise our Association. Experience has shown that most complaints that are made against physicians are the result of misunderstandings that can readily be adjusted by a conference between the patient and the physician.

We urge the members of the Association to secure a copy of the new plaque being issued by the American Medical Association for posting in the doctor's office or waiting room, urging the patient to discuss any of his problems directly with the doctor.

Respectfully submitted,

ROBERT H. WHITMARSH, M.D., *Chairman*
JOHN G. WALSH, M.D.
MARSHALL N. FULTON, M.D.
E. VICTOR CONRAD, M.D.
MICHAEL J. O'CONNOR, M.D.
LAURENCE A. MARTINEAU, M.D.
HENRY F. MCCUSKER, M.D.
WILLIAM FAIN, M.D.

LEGISLATION

Through the cooperation of the City Clerk of Providence reports of any actions by the Providence City Council, including copies of any ordinances enacted, have been transmitted to the Association.

At the state level the committee has worked in conjunction with the Committee on Public Laws of the Rhode Island Medical Society in the review of legislation placed before the General Assembly. As the report of the state society committee is published in the R. I. MEDICAL JOURNAL it is not necessary to record again in the report of this committee regarding actions taken.

Respectfully submitted,

HENRY S. JOYCE, M.D., *Chairman*
FRANK B. CUTTS, M.D.
CLARENCE J. RILEY, M.D.
HILARY J. CONNOR, M.D.
JOSEPH SMITH, M.D.

MEDICAL BUREAU

The telephone secretarial service of the Association, operating as the Medical Bureau, was started on September 1, 1949, and in the two years since it has developed into one of the finest services under the direction of a county or district medical society in the country. It ranks, in size of equipment, personnel and number of calls handled for physicians, and for the public, as the largest exchange of its kind in New England, and undoubtedly the largest in the East directly under medical society supervision.

Of particular significance has been the community service that has been given by the Bureau in accepting 3225 calls during 1951 of an emergency nature. True not all these calls represented medical emergencies from the physician's viewpoint, but to the non-medical person the necessity for a doctor's visit was paramount, and in every instance the Bureau was able to secure a physician. This task has added a responsibility that every member of the Association must recognize and meet. More members are needed to handle routine day and night emergencies, and members are urged to leave their name with the Bureau when they will be free to take such calls on any given date.

Under the direction of Mrs. Mary H. Beagan, and the overall supervision of the Executive Secretary, the Bureau has accepted all the many problems thrust upon it during the year, and with the assistance of this Advisory Committee has rendered excellent service to everyone. The staff of operators now numbers ten. Spot surveys are done from time to time to check the call load of the boards so that adequate coverage may be maintained at all peak hours when the service is taxed by incoming calls.

The Bureau reported a sound financial experience for 1951, and the Executive Committee of the Association has directed that the Advisory Com-

continued on next page

mittee, and the Executive Secretary, explore the possibility of expanding the services of the Bureau, possibly to the extent of offering a credit and collection, and bookkeeping program for physicians interested. The Bureau will also enroll in the National Association of Medical-Dental Bureaus so that the Executive Secretary may be thoroughly familiar with developments in other areas.

The Bureau averaged from 12,000 to 13,000 calls weekly during the past year, with the Wednesday total reaching as high as 1,800-2,000, and necessitating covering of every position on the switchboards on Wednesdays and Thursdays, and during the peak hours at noon and late afternoon each day. The increasing number of so-called emergencies now approximates 200-250 monthly.

The time has come when the Bureau must curtail the non-essential calls it is required by physicians to make, and also to determine a definite policy relative to referrals, and the paging of doctors to answer emergency calls. The situation is a vexing one, and one with which the Bureau cannot cope without a greater support from the younger physicians, and from a majority of the doctors of the community.

JOHN G. WALSH, M.D., *Chairman*
WILLIAM P. D'UGO, M.D.
IRVING A. BECK, M.D.
WILLIAM P. DAVIS, M.D.
ROBERT G. MURPHY, M.D.

PUBLIC RELATIONS

The Committee on Public Relations did not meet independently of the Committee on Public Policy and Relations of the Rhode Island Medical Society during the year. Your committee met jointly with the state society committee in order to effectively implement its program.

Respectfully submitted,
FRANCIS H. CHAFEE, M.D., *Chairman*
CLIFTON B. LEECH, M.D.
FREDERIC J. BURNS, M.D.
MORRIS BOTVIN, M.D.
DONALD DENYSE, M.D.
CHARLES J. ASHWORTH, M.D.

READING ROOM

During the year 1951 there were 1931 day visitors to the library and 365 in the evening. The library was open 104 evenings. 1,319 journals and 306 textbooks were circulated during this period. 151 volumes of journals were bound. Providence Medical Association pays for 35 subscriptions.

It is to be noted that the annual appropriation for these purposes by the Providence Medical Association has not been increased in recent years, although there has been an increase in cost of the journals, their binding and in the number of journals for which it is desirable to subscribe. A larger appropriation is respectfully requested to cover these increased costs.

Respectfully submitted,
IRVING A. BECK, M.D., *Chairman*
FRANCIS V. GARSIDE, M.D.
LUCY E. BOURN, M.D.

SCIENTIFIC PROGRAMS

During the 1951 season the Program Committee met a number of times, attempting, in general, to offer programs of sufficient interest, sufficiently well publicized to overcome the tendency to poor attendance noted in recent years. It was decided:

1. To include an out-of-town speaker on every program.
2. To discuss related subjects on each program, where possible.
3. To try to announce the programs effectively to the membership.
4. To complete all of the program for the 1951-2 season—through the May meeting—in order to avoid facing the new officers with an emergency need for programs when taking office in January.

In general, the program was completed for the season at the time of the fall meetings, and judging by the attendance at the meetings to date, the policies—as noted above, to the extent that they have been carried out—have been effective in improving the member-interest, as indicated by the attendance figures at the first four meetings.

Respectfully submitted,
ALEX M. BURGESS, JR., M.D., *Chairman*
LOUIS I. KRAMER, M.D.
GEORGE W. WATERMAN, M.D.
FRANK W. DIMMITT, M.D.
ERNEST THOMPSON, M.D.
FRANCIS CHAFEE, M.D.
MICHAEL DIMAIO, M.D.
ROBERT M. LORD, M.D.
SEEBERT GOLDOWSKY, M.D.
ROBERT G. MURPHY, M.D.
IRVING A. BECK, M.D.
HERBERT FANGER, M.D.
FREDERIC J. BURNS, M.D.
MARSHALL FULTON, M.D.

REPORT OF THE MILK COMMISSION OF THE PROVIDENCE MEDICAL ASSOCIATION, 1951

CERTIFIED MILK in Providence during 1951 was obtained from the following farms: Cherry Hill Farm, North Beverly, Mass.: Fairoaks Farm, Lincoln, R. I.: Hampshire Hills Farm, Wilton, N. H.: Walker-Gordon Farm, Charles River, Mass.

Through the courtesy of the Boston Commission we have accepted their certification of two farms from Massachusetts and one from New Hampshire.

Bacteriological and chemical examinations of certified milk are made in the laboratories of Brown University under the supervision of Professor Charles Stuart.

All of the herds are under State and Federal supervision and are free from Tuberculosis and Brucella abortus infections.

The legal standard for Pasteurized Certified milk in Providence is 500 colonies per c.c., and the actual count in all samples examined by your Commission the past year has been 30 colonies per cc. The count on raw certified milk the past year has been 5575 per cc. while the legal limit in Providence is 10,000 colonies per cc. The credit for this splendid record belongs to the producers of this quality milk.

The American Association of Medical Milk Commissions in their Methods and Standards for the Production of Certified Milk, require that each producer shall make or have made, once per month, a titration of Brucella agglutinins in the whey of the milk, whether the milk is raw or pasteurized. All titrations on the whey of milk obtained from Certified Milk from Fairoaks Farm during the past year have been negative.

Certified milk shall have a coliform colony count of not more than 10 per ml. before pasteurization and must be less than 1 per ml. in route samples as delivered to consumers. During the past year practically all of the samples examined in our laboratory have conformed to this regulation.

During the past year considerable interest in milk has been manifested by various groups in the State. Many people still ask how it is possible to produce such a fine milk with low bacterial counts and practically free from Coliform organisms. The presence of these organisms in unpasteurized milk usually indicates unclean milking, contaminated utensils or improper handling of milk. Rarely they may come from infected udders. Their presence in pasteurized milk indicates improper pasteurization or contamination of the milk after pasteurization. Properly pasteurized milk should contain no organisms of the coli-areogenes group.

Walker-Gordon Farm of Charles River, Mass. discontinued the sale of Certified Milk in Providence, in September. This Commission is sorry to have such a splendid producer take this step.

The Commission is indebted to Professor Stuart of Brown University for his continued cooperation in supervising our laboratory work at Brown University.

Respectfully submitted,

FRANK I. MATTEO, M.D., *Chairman*
REUBEN C. BATES, M.D., *Secretary*
D. WM. BELL, M.D. WALTER S. JONES, M.D.
HAROLD G. CALDER, M.D. JOHN LANGDON, M.D.
THOMAS J. DOLAN, M.D. HENRY E. UTTER, M.D.

MONTHLY AVERAGES OF CERTIFIED MILK FOR 1951

	CHERRY HILL H. P. HOOD			FAIROAKS						HAMPSHIRE HILLS			WALKER-GORDON		
	Pasteurized			Raw			Pasteurized			Pasteurized			Vit. D. Pasteurized		
	B.F.	T.S.	Bacteria per CC.	B.F.	T.S.	Bacteria per CC.	B.F.	T.S.	Bacteria per CC.	B.F.	T.S.	Bacteria per CC.	B.F.	T.S.	Bacteria per CC.
January	3.8	12.44	4	4.1	12.81	5,516	3.9	12.48	4	3.9	12.58	4	3.9	12.55	6
February	3.8	12.62	3	4.3	13.20	4,418	4.0	12.74	6	3.9	12.53	3	4.0	12.49	4
March	3.8	12.49	3	4.3	13.08	5,600	3.8	12.43	5	4.0	12.72	3	3.9	12.46	4
April	3.7	12.49	3	4.3	13.16	3,800	3.9	12.50	6	3.9	12.56	5	3.9	12.38	28
May	3.9	12.55	4	4.2	13.03	4,124	3.9	12.60	6	3.9	12.53	5	4.0	12.55	106
June	3.9	12.43	5	4.1	12.78	3,537	3.9	12.45	25	3.9	12.49	13	3.9	12.46	181
July	3.8	12.41	5	4.0	12.59	4,006	3.8	12.38	17	3.9	12.35	49	4.0	12.41	145
August	3.9	12.39	19	4.2	13.19	4,681	3.8	12.56	30	3.9	12.41	27	3.9	12.34	160
September	3.9	12.52	19	4.2	12.85	4,950	3.9	12.49	30	4.0	12.55	15	3.9	12.47	114
October	4.1	12.46	28	4.8	13.52	5,777	4.0	12.58	102	4.3	12.89	16			
November	4.4	12.71	9	4.5	13.09	7,431	4.0	12.43	45	4.3	12.93	10			
December	4.0	12.51	32	4.8	13.46	12,166	3.9	12.29	32	4.1	12.43	8			
Yearly Average	4.0	12.50	11	4.3	13.06	5,575	3.9	12.49	26	4.0	12.58	13	3.9	12.45	83

DISTRICT MEDICAL SOCIETY MEETINGS

NEWPORT COUNTY MEDICAL SOCIETY

A meeting of the Newport County Medical Society was called to order by the President, Henry Brownell, M.D., at 8:30 p.m. on January 23, 1952.

The minutes of the previous meeting were read and approved.

Dr. Adelson moved, and the motion was passed, that the secretary get an opinion from the legal advisors of the Rhode Island Medical Society regarding the legality of sterilization in the male and female, also regarding therapeutic abortions.

Communications pertaining to alcoholism and the nursing practice act were received.

Dr. Brownell read the minutes of the last Public Laws Committee meeting of the Rhode Island Medical Society.

The following officers were elected for the following year.

President: Norbert U. Zielinski, M.D.
1st Vice President: Robert L. Bestoso, M.D.
2nd Vice President: John M. Malone, M.D.
Secretary: Edward Zamil, M.D.
99 Touro Street, Newport, Rhode Island
Treasurer: Jose M. Ramos, M.D.
Councilor: Samuel Adelson, M.D.
Alternate Councilor: Charles B. Ceppi, M.D.
Delegates: John E. Carey, M.D.
and Frank J. Logler, M.D.
Censors: Norman M. MacLeod, M.D.
and Daniel A. Smith, M.D.

The meeting adjourned at 9:30 p.m.

Respectfully submitted:
M. Osmond Grimes, M.D., *Secretary*

PAWTUCKET MEDICAL ASSOCIATION

The regular monthly meeting of the Pawtucket Medical Association was held January 17, 1952, at the Memorial Hospital.

There was a short business meeting at noon. At 8 p.m. the membership reconvened at the new Physiotherapy Department of the Hospital.

Mr. Gerard Courtemanche, on behalf of the Pawtucket Kiwanis, presented to Mr. MacColl, President of the new Hospital, a check for $3,000 for the new department.

A panel, including Arthur L. Watkins, M.D., Director of Physical Medicine at Massachusetts General Hospital, Wayne MacFarland, M.D., of George Washington University, John Donley, M.D., Director of the Rhode Island Curative Center, and Dr. Robert Henry, Chief of Physical Medicine at Memorial Hospital, discussed "Physical Medicine in a General Hospital."

The meeting adjourned at 10 p.m.

Respectfully submitted,
Hrad H. Zolmian, M.D., *Secretary*

PROVIDENCE MEDICAL ASSOCIATION

A regular meeting of the Providence Medical Association was held at the Medical Library on Monday, February 4, 1952.

The meeting was called to order by the President, Dr. Frederic J. Burns, at 8:35 p.m.

In the absence of the Secretary the Executive Secretary reported for the Executive Committee as follows:

1. It received, reviewed, and placed on file the financial report of the Medical Milk Commission of the Association.
2. It voted to take action consistent with the recommendations adopted by the House of Delegates of the R. I. Medical Society relative to telephone directory listings. (The recommendations of the House of Delegates were:
   a) that no member of the Society shall list his specialty after his name in the classified section of the telephone directory, or in any other non-medical directory, except that when identical last names of physicians may be a cause of inconvenience to the public the specialty listing may be given.
   b) that each district medical society should secure appropriate space at the top of the column headed PHYSICIANS and SURGEONS (M.D.) in the telephone directory in its area, or in any other non-medical public directory, to indicate that information regarding the specialty of any physician may be secured by telephoning

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PROVIDENCE MEDICAL ASSOCIATION

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a local hospital or other designated medical information center, and

c) that notice also be given in this space that persons unable to communicate with their family physician in a *real emergency* be instructed to call such designated number for a physician as each district society shall determine.

3. It approved of extending to representatives of pharmaceutical companies living and working in this State invitation to attend any scientific meetings of the Association in which they may be interested.

4. It reviewed and edited proposed regulations for the Medical Bureau of the Association, and adopted the amended rules for publication and distribution to the Association's membership.

The President announced that the program for the March meeting would consist of a scientific presentation by Dr. Frank B. Cutts of Providence, and a discussion of Voluntary Health Insurance by L. Howard Schriver, M.D., of Cincinnati, Ohio, the President of the Association of National Blue Shield Plans.

The Executive Secretary reported that the Metropolitan Life Insurance Company had enrolled the employees and dependents of Brown & Sharpe Manufacturing Company under the RHODE ISLAND PLAN. He stated that special claim forms were being prepared by this company and also a special Direction to Pay, so that payment may be assigned by the insured person directly to the physician.

The Executive Secretary reported that the Executive Committee recommends the following to election as active members of the Association;

William Sanborn Klutz
Lawrence Spielberger

A motion was made, seconded and adopted that Drs. Klutz and Spielberger be elected to active membership in the Providence Medical Association.

Dr. Burns then introduced as the first speaker of the evening, Dr. James H. Walker, Thoracic Surgeon, New England Deaconess Hospital, and Overholt Thoracic Clinic, who spoke on "Surgical Treatment of Acquired Heart Disease."

Dr. Walker stated that the first cardiac surgery was for traumatic damage and was done about ninety years ago, but until lately nothing dramatic was done. In 1945-46 the use of plastic films in the surgery of aneurysms was first carried out. This was gradually improved and today certain types of aneurysms are quite well handled. Photographs of the procedure and results were shown.

Recently the heart itself has become the objects of surgery. Adhesive pericarditis is now quite well handled. Mitral stenosis is corrected by surgical procedure with good results. Likewise aortic stenosis is remedied.

Surgical treatment of high blood pressure, and very recently coronary heart disease, has been treated by transplant of the internal mammary artery.

The second speaker of the evening was Leo M. Taran, M.D., Medical and Research Director, St. Francis Sanatorium for Cardiac Children, Roslyn, Long Island. Dr. Taran's subject was "Treatment of Rheumatic Fever in the Light of Recent Developments in Hormonal Therapy."

Dr. Taran brought to our attention that since 1910 the mortality from rheumatic fever has steadily decreased but not the number of rheumatic hearts. The disease now seems to be milder, especially in young people. However there is no proof that antibiotics prevent rheumatic fever or that hormones prevent it.

During the past 30 years rheumatic fever has changed its character and now it is increasingly difficult to recognize.

At. St. Francis Sanatorium Dr. Taran has watched, over many years, some twenty thousand patients and has developed the concept that once a person has rheumatic fever he never ceases to have it. Aschoff bodies are found in the patient long after he has had a bout of rheumatic fever.

The classical picture of rheumatic fever activity is a short stage apparently based on allergic phenomena. During this stage the patient develops carditis and during the quiescent phase he continues to have carditis. Rheumatic fever is carditis.

The treatment of rheumatic fever by antibiotics does not seem to alter the course of the disease. Anti-inflamatory drugs, e.g. salycilatis, cortisone and ACTH, do influence the exudative phase. In

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PROVIDENCE MEDICAL ASSOCIATION

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our experience of 65 patients with carditis some showed slight improvement but the carditis was not stopped.

Cortisone removes the allergic phenomenon but not the disease, i.e. carditis, so all we do with cortisone is no more than we did with salycilatis, but we do it in a more dramatic way.

Dr. Taran feels there is much to be learned about the effect of cortisone on the mental, psychological, sex and growth factors when given in childhood.

The meeting adjourned at 10:30 p.m.

Attendance was 94.

Collation was served.

Respectfully submitted,

MICHAEL DIMAIO, M.D., *Secretary*

BLOOD BANK DIRECTORS ASSOCIATION

At a meeting of the Rhode Island Blood Bank Directors Association held on Friday, January 25, 1952, it was voted to have published the annual report of the activities of this society for the benefit of all interested people.

This association, composed of the blood bank directors of the state of Rhode Island, has been in existence one year. It has served as a central agency for the exchange of technical information and for encouraging the system of exchange of blood between the various blood banks of the state. It also participated in the invitation of the Red Cross Blood Bank Program to the state of Rhode Island to collect blood for the Armed Forces.

The members of the Rhode Island Blood Bank Directors Association have as their primary responsibility supplying the need for blood of their respective hospitals. The American Red Cross is the agency charged with the responsibility for procuring blood to meet the needs of the Armed Forces and Civil Defense. The successful accomplishment of the aims of both is vital to the nation and to the welfare of the people of the community. It is the unanimous opinion of the Rhode Island Blood Bank Directors that the interests of all can best be served by the mutual support of all blood programs now in operation in the state. When the Red Cross program is more than satisfying its quota, consideration can then be given to the supplying of blood to the hospital blood banks of this state. Since the hospital blood banks of Rhode Island are well established and are meeting their needs, it was felt not desirable at the present time to jeopardize this program for one which as yet had not been proven in this area.

The Rhode Island Blood Bank Directors Association is hopeful that the Red Cross Blood Bank Program is successful. Our organization feels there is a common and necessary goal which needs the cooperative efforts of all procurement agencies in order to collect the large amounts of blood needed.

Many organizations, both fraternal and industrial, have arrangements with the hospital blood banks for the supply of blood for their membership. Individuals are encouraged to contribute blood and thus set up a credit for possible future need.

The Rhode Island Blood Bank Directors Association is collaborating with the Civilian Defense Committee in working out arrangements for the Blood Donor Program which is so vitally necessary in the Disaster Program.

HERBERT FANGER, M.D.
Institute of Pathology
Rhode Island Hospital

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BOOK REVIEWS

AN ATLAS OF NORMAL RADIOGRAPHIC ANATOMY by Isadore Meschan, M.D., W. B. Saunders Company, Phil., 1951. $15.00.

This book covers a long-neglected phase of medical teaching. Normal X-ray films are shown of various portions and systems of the body and on the same or facing page there is a labelled diagrammatic tracing. No pages need be turned in comparing the films and the tracings. In addition, sketches are presented showing the proper positioning of the patient to obtain the various x-ray views which are demonstrated. Specialized procedures such as angiography, myelography and even opaque solution injection of the breast are discussed.

There are chapters introducing the general subject of X-ray and also X-ray anatomy of the skeleton. Several chapters are devoted to the radiographic anatomy of the extremities, skull and spine. There is a chapter dealing with the brain. Sections are devoted to the respiratory and cardiovascular systems, as well as, the gastro-intestinal and genito-urinary tracts. There are relatively few references to the literature in the text, but occasional references are noted under the figures.

Dr. Meschan's book will serve as a valuable reference and guide to the general practitioner who does his own radiography. It will aid the medical student in his attempt to correlate morbid and living anatomy with X-ray anatomy. The embryo radiologist will broaden his knowledge of the fundamentals of his subject by study of this book. The various tables and charts will serve as handy desk references. This volume should occupy an important place in the library of any physician who is concerned with interpretation of x-ray films.

JAMES F. BOYD, JR., M.D.

THE MECHANISMS OF CELL DIVISION by M. J. Kopac et al. Reprinted from the Ann. N. Y. Acad. Sciences, v. 51, art. 8. 1951. $3.50.

This is a compilation of papers dealing with the various biological processes of cell division as they are affected by different chemical agents. It is, therefore, based on research work which may be helpful in the experimental field dealing with cancer.

HERBERT FANGER, M.D.

TEXTBOOK OF REFRACTION by Edwin Forbes Tait, M.D., Ph.D. W. B. Saunders Company, Phil., 1951. $8.00.

Errors of refraction merit careful study, for they are the most common of ocular troubles and consequently form an important segment of ophthalmic practice.

Many excellent treatises on refraction have been written, ranging from comprehensive tomes to simple expositions for those just learning the subject.

Dr. Tait's book belongs in the latter classification; for, as is stated in the preface, the book is designed primarily for a student group. In addition to an adequate discussion of refraction, the author gives fairly comprehensive treatment to the subjects of binocular vision and ocular motility. Orthoptics, reading difficulties in children, and the use of contact lenses are also discussed.

This book should prove to be of value to the group for whom it was written.

HERMAN P. GROSSMAN, M.D.
MILTON G. ROSS, M.D.

THE CHANGING YEARS by Madeline Gray. Doubleday & Company, Inc., Garden City, N. Y., 1951. $2.75.

This book should be read by all women approaching the menopause, natural or surgically induced.

The author, a Cornell graduate, writer of radio-scripts, newspaper columns, and a children's book, after a surgically induced menopause, sought the answers to her own problems and worries. After four years of book study, medical lectures, and contacts with many doctors—general and psychiatric—she has written a most interesting book.

She discusses the female reproductive cycle and the function of the glands concerned; the aid a doctor can give by the use of hormones, estrogen and androgen.

Chapter 8, "How You Can Help Yourself", gives practical advice (good from a psychological point of view) on how to overcome anxieties, palpitation and fatigue. Rest is not the answer. Get a job—or a hobby—"for your Ego's sake." Be outgoing. Find someone or something to love—even a dog.

Frank suggestions are given on "What to do about your sex life", "what to do about your figure", "what to do about your husband", etc.

What if reproductive powers are gone! All is not lost. The answer to those who fear growing older—what has aptly been described as "the terror of the closing door"—is this: "As one door closes, another opens always—if you look for it. It won't open if you mope at home and wait for the world to come to you." Many older people have kept full of zest because of varied interests.

MERLE M. POTTER, M.D.

SURGICAL PRACTICE OF THE LAHEY CLINIC. W. B. Saunders Company, Phil., 1951. $15.00.

This is the first volume published by the Lahey Clinic since 1941 in this form. It is a much easier book to handle than the previous volume with slightly larger pages and print that is easy on the eye. There are over 700 illustrations or twice as many as in the previous publication and seem to be better done than formerly. The contributions in the book are by forty-five authors or nearly double the number in 1941. The Fellows at the Lahey Clinic have been given the opportunity to help in the papers. Dr. Lahey has stated for many years that the operative techniques by the various surgeons on the staff have been standardized. It appered to me that this standardization as reported in the various techniques, is more obvious than formerly and has gained considerable ground. Many new and important contributions that have appeared during the past five years notably in Surgical Clinics of North America, are now in one volume. They have been combined in a manner that brings one pretty well up to date. Notable among the changes is a lesser emphasis on staged operations. Among the more important new reports are sixty-one radical pancreas operations, four-hundred intervertebral discs, one-hundred and thirty-nine total gastrectomies and all of the newest methods in the management of thyroid disease and thoracic surgery. There is also an interesting chapter on pheochromocytoma. This is by far the best volume, presents an up to the minute reference for the student as well as his teacher and will make an important addition to the library of any surgeon.

ORLAND F. SMITH, M.D.

PENICILLIN DECADE by Lawrence Weld Smith, M.D., and Ann Dolan Walker, R.N. Arundel Press Inc., Washington, D. C., 1951. $2.50

This small book (122 pages) is essentially a summary of the sensitizations and toxicities of penicillin as reviewed in the decade, 1941-1951. The authors' approach is that of a bibliographic investigation in which over 320 references from the literature are summarized.

The metamorphosis of the vegetable mold P. notatum to the highly purified crystalline penicillin of today represents one of the most significant events of recent medical history. Medical historians will always remember the penicillin pioneers: Fleming, Chain and Florey.

Allergic reactions may be due to penicillin itself or to materials used with it such as oil, wax or procaine. They may be immediate or delayed and consist of contact or exfoliative dermatitis, serum sickness or anaphylactic reactions.

The central nervous system complications are among the most disturbing. Coincident with the first clinical reports, intrathecal, intracortical and intraventricular use of penicillin was cautioned against. Reduction of penicillin concentration lowered the frequency of convulsive seizures and possible death. The various types of neural reactions included radiculitis, myelopathy and adhesive arachnoiditis.

Subsequent to the treatment of syphilis with penicillin the Jarisch-Herxheimer reaction was reported. In 1948 one fatality due to the Herxheimer reaction was noted, and subsequent deaths have since been reported.

Various penicillin reactions of rare frequency have been reported: sterile abscesses, pain at the site of injection, agranulocytosis, peripheral neuritis, the Arthus' phenomenon, toxic psychosis, myocarditis and hepatitis.

There are biologic complications of penicillin therapy. These include chronic urticaria and asymptomatic eosinophilia. During penicillin therapy associated with severe allergic reactions EKG changes (T-wave inversion) have been observed. Monilial infections have followed suppression of bacterial flora co-existing with candida. Lupus erythematosis may be aggravated by penicillin therapy. Penicillin exerts a thromboplastic and prothrombinopenic effect.

The current problems of penicillin therapy evolve about the reduction of sensitivity phenomena and the awareness that certain types of organisms, notably the staphylococci, have shown a steadily increasing resistance to the drug. The former problem may be solved by the development of hypoallergenic products. Two of the more recent forms are 1-ephenamine penicillin and allylmercaptomethyl penicillin.

The author concludes his book by sounding a warning against the indiscriminate use of penicillin.

This book is well written in a clear and concise manner, and is highly recommended as a reference manual.

ANTHONY CAPUTI, M.D.

CASES OF PSITTACOSIS REPORTED

Late last month the Florida State Health Officer reported that two human cases of Psittacosis in Michigan had been traced to a parakeet in Florida. The virus has been isolated in 14 birds from 5 or 6 aviaries in Florida. The first infection was revealed early in January.

The Surgeon General of the U. S. Public Health Service suggests that local health officers and all members of the medical profession be alerted for possible cases.